Division of Supportive Living DSL-934 (Rev. 12/2002)

COURT ORDERED ASSESSMENT AND PLAN REPORT

## Address - Court: Address - Court:	Use of form: Completion of this form meets the requirements of s. 23.33(13)(e), 30.80(6)(d), 961.472, or 350.11(3)(d), Wis. Stats.								
Clern't INFORMATION Birthdate (mm/dd/yyyy) Occupation	FROM:	Judge	dge Court:						
Address (Street, City, State, Zip Code)		Address - Court:							
Name - Client (Last, First, MI) Birthdate (mm/dd/yyyy) Occupation	CI IENT INI								
Address (Street, City, State, Zip Code) ARREST / CONVICTION INFORMATION Date of Arrest Date of Conviction Date of Arrest Date of Conviction Date of Arrest Date of Conviction Description Discontant (MRV) includes boats, snowmobiles and all-terrain vehicles. Disconding and / or Controlled substance: Implied Consent Refusal - MRV Intoxicated Great Bodily Harm - MRV Intoxicated Homicide - MRV Intoxicate									
ARREST / CONVICTION INFORMATION Date of Arrest Date of Conviction Note: Motorized Recreational Vehicle (MRV) includes boats, snowmobiles and all-terrain vehicles. Blood alcohol concentration:	Name Onem (Last, 1 nst, Wil)					Situatio (illinadilyyyy)			
Date of Arrest	Address (Street, City, State, Zip Code)					County of Re	sidence	Telephone Number	
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ASSESSMENT FINDINGS Note: "Substance" includes alcohol or controlled substances. Check appropriate box below. Did not complete assessment - Reason: Irresponsible substance use Substance dependency Irresponsible substance use - borderline Subsected substance dependency Irresponsible substance use - borderline Subsected substance dependency Irresponsible substance use - borderline Substance use - borderline Irresponsible substance use - borderline	Note: Motorized Recreational Vehicle (MRV) includes boats, snowmobiles and all-terrain vehicles.								
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Did not complete assessment - Reason:	Controlled substance: Lintoxicated injury - MRV Li Possession of controlled substance								
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Pattern: Intermittent Recurrent Recu									
Recurrent Steady Secondary substance(s) - Specify:									
Physiological, behavioral, psychological and / or attitudinal symptoms identified - Specify below. Assessment instrument used: COMPLETE DSL-934A FORM	☐ Recurrent ☐ Moderately advanced —				Occasional and a substitution of the substitut				
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Include title / certification.) the recommended plan administered by (Name - Person completing assessment. Include title / certification.) of the (Name - Assessment Facility) (Address - Assessment Facility) (Street, City, State, Zip Code) and information required prior to the expiration of this release to the staff of the county department under s. 51.42; the referring court and / or my probation agency and the plan provider(s) of my choice: The purpose for this disclosure is to aid in determining compliance with the court order for assessment and determination of any need for treatment. I further authorize the person / facility administering the assessment to follow-up and verify my compliance with any treatment plan. I understand that I may withdraw my consent at any time, prior to the expiration of this release except where revocation is prohibited according to s. 2.39, 42 CFR. Release Date (mm/dd/yyyy) SIGNATURE - Parent or Guardian (if client is under age 18) Date Signed	_ · · · · · · · · · · · · · · · · · · ·								
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Distribution: Original – Court Copies – Client, Recommended plan provider, Probation agent, Assessment facility / 51.42 staff	Distributio	n: Original – Court	Copies	- Client. Recommended plan	n provider. F	Probation agen	t. Assessm	nent facility / 51.42 staff	